## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 / /

This cover page must be completed by the report preparer. Joint reports require only one cover page.		SPDI N	ES II Y F		0	A	2	9
Choose one:								
This report is being submitted on behalf of an inc	livid	ual l	MS	4.	ė			
Fill in SPDES ID in upper right hand corner.								
Name of MS4 70WN0FHUNTINGTON				Ţ				
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(Per Part II.E of GP-0-10-002)								
Name of Single Entity			Τ		Π			
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OR								
OK								
This is a joint report being submitted on behalf of	a co	aliti	on					
Provide SPDES ID of each permitted MS4 included in this r					if 1	nee	dec	1.
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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1

Provide SPDES ID of each permitted MS4 included in this report.

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MCC form for period ending March 9, 2 0 / /

	SPDES ID
Name of MS4 TONA OF HUNTINGTON	N Y R 2 0 A 2 9 7
Each MS4 must submit an MCC form.	
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Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement	nt or acceptance of:
An Annual Report for a single MS4	
O A Single Entity (Per Part II.E of GP-0-10-002)	
O A Joint Report	
Joint reports may be submitted by permittees with legally b	oinding agreements.
If Joint Report, enter coalition name:	
Trionit topoly, ener estation many	

MCC form for period ending March 9, 2 0 / /

					SP	DE:	<u> </u>						
Name of MS4	7022	oF	HUNTINGTON		N	Y	R	2	0	A	2	9	7

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
PRANK	PPETRONE
Title	
SOPERVISOR	
Address	
100 MAIN STREET	
City	State Zip
City # U N 7 1 N G 7 D N	State Zip
HUNTINGTON	
	NY 11743-
HUN71NG70N	NY 11743-

MCC form for period ending March 9, $\angle O / A$
Name of MS4 70 しょ 0 F HUがいんじてい
Section 2 - Contact Information
Important Instructions - Please Read
Contact information must be provided for <u>each</u> of the following positions as indicated below:
<ol> <li>Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).</li> </ol>
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c)
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).
A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.
If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.
For each contact, select all that apply:
O Principal Executive Officer/Chief Elected Official
O Duly Authorized Representative
Local Stormwater Public Contact
Stormwater Management Program (SWMP) Coordinator
Report Preparer
MY Lost Name
First Name
Title
ENVIRONMENTAL PROGRAMS LOORDINATO
Address
10PMA12 STREET
City State Zip  HUN71NG70N
eMail
Phone ( 6 3 1 ) 3 5 1 - 3 0 4 9  S U F F D 4 K

MCC form for period ending March 9, 2011

	SPDES ID
Name of MS4 7042 OF HUNTINGTON	N Y R 2 0 A 2 9 7
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perperiod?	rmit requirements during this reporting O Yes No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provided	
accepted. If your MS4 cooperated with a coalition, submit one	
coalition. It is not necessary to include a separate sheet for each	in MS4 in the coalition.
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
City Sta	ate Zip
eMail	
Phone	
Legany	P-0-08-002 Part IV.G.? O Yes O No
What tasks/responsibilities are shared with this partner (e.g. MM1	School Programs or Multiple Tasks)?
D MM1	
O MM2	
O MM3	
O MM4	
MM5	
) MM6	
A J Jisi 1 4 1 (	
Additional tasks/responsibilities	1.6 NGA :
Watershed Improvement Strategy Best Management Practices	required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	

MCC form for period ending March 9, 20 //

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Name of MS4	7022	र्श	לסן אווויריא	N	Y	R	2	0	A	2	9	7

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	ΜI	Last Nan	ne									
FRANK	ρ	PET	R	الم 0	Ē							
Title (Clearly print title of individual signing report)												
SUPERVISOR												
Signature Sapur Super 150	2 2 2 ×	ry		Da	te							
Supervisor		<u> </u>		0	5	/	31	]/[	z	0	1	ပ

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,  $2 \circ / 1$ . If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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## **Water Quality Trends**

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Other

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

Name of MS4/Coalition / Own OF HUNCAGION	N Y R Z O A Z I I									
Minimum Control Measure 1. Public Ed	lucation and Outreach									
The information in this section is being reported (check one):										
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?										
1. Targeted Public Education and Outreach Best Managem	ent Practices									
Check all topics that were included in Education and Outreach d	luring this reporting period:									
Construction Sites	Pesticide and Fertilizer Application									
O General Stormwater Management Information	Pet Waste Management									
Household Hazardous Waste Disposal	Recycling									
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration									
O Infrastructure Maintenance	Trash Management									
O Smart Growth	O Vehicle Washing									
Storm Drain Marking	O Water Conservation									
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection									
O Other:	O None									
2. Specific audiences targeted during this reporting period:										
2. Specific audiences targeted during this reporting period.										
O Public Employees O Contractors										
Residential O Developers										
O Businesses										
C Restaurants C Industries	•									
Other: O Agricultural										

This report is being submitted for the reporting period ending March 9, 2011

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Name of MS4/Coalition 7012 OF HUNTINGTON NYR 2 0	A 2	9	17
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3. What strategies did your MS4/Coalition use to achieve education and outreach goathis reporting period? Check all that apply:	ıls du	ıriı	ng
O Construction Site Operators Trained #Trained			
O Direct Mailings #Mailings			
Kiosks or Other Displays #Locations			6
O List-Serves # In List			
O Mailing List # In List			
O Newspaper Ads or Articles # Days Run			
Public Events/Presentations # Attendees	2	0	D
O School Program # Attendees			
O TV Spot/Program # Days Run			
Printed Materials: Total # Distributed	6	5	Q
Locations (e.g. libraries, town offices, kiosks)  HUN71NG70NG70NGES, KIOSKS)			
HUNTINGTPN TOWN HALL			
Other:			
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This report is being submitted for the reporting period ending March 9, 2 0 / /

Name of MS4/Coalition 70 かん の下 州いいではんびっつ N Y R 2 0 月 2 9 7
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
-INCREASED DUTREACH ETFORTS TO THE GENERAL PUBLIC.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  - THE TOUR MERENSON THE PROUNT OF PRINTEY OUTREACH
- THE TOWN INCREASEN THE AMOUNT OF PRINTEN OUTREACH MATERIACS PISTRIBUTED TO THE GENERAL PUBLIC.
C. How many times was this observation measured or evaluated in this reporting period?
D. Has your MS4 made progress toward this Measurable Goal during this reporting period?  Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
- PROVIDE ADDITIONAL PUBLIC OUTREACH MATERIAL TO THE GENERAL PUBLIC BY THE END OF THE 2011-2012 REPORTING PERSON.

This report is being submitted for the reporting period ending March 9, 2 0 / /

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 70WW OF HUNTINGTON			N	Y	R 2	0	A	2	9	7
Minimum Control Measure 2. 1	Public Inv	<u>olvem</u>	ent/]	Par	ticip	ati	<u>on</u>			
The information in this section is being reported (check	one):									
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this rep	oort?									
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	the Stormy	water M	lanag				rai	n		
O Cleanup Events				# E	vents					
O Comments on SWMP Received			# C	comn	nents					
Community Hotlines	Phone# (	63	<u>/</u> )	3	51	_	3	1	9	2
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Community Meetings			# 1	Atten	dees				2	9
O Plantings				S	q. Ft.					
Storm Drain Markings				# D:	rains					
Stakeholder Meetings			# 4	Atten	dees					
O Volunteer Monitoring				#Ev	ents/					
Other:										
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	l report an	d Storm	wate	er M	[anag		ent Ye		01	Vo.
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TV/Radio Notices			# I	Days	Run					
Other:										

MCM 2 Page 1 of 6

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This report is being submitted for the reporting period ending March 9, 2 p / 1

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This report is being submitted for the reporting period ending March 9, 2 0 / /

4.a. If this report was made available on the internet, what date was it posted?  Leave blank if this report was not posted on the internet.  4.b. For how many days was/will this report be posted?  If submitting a report for single MS4, answer 5.a If submitting a joint report, answer 5.b  5.a. Was an Annual Report public meeting held in this reporting period?  If Yes, what was the date of the meeting?  If No, is one planned?  Yes ONo  5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?  Yes ONo  If No, is one planned for each?  Yes ONo  Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to		SPDES ID
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This report is being submitted for the reporting period ending March 9, 20//

Name of MS4/Coalition / Dan St Hon (126, 63	Y R 2 0 A 2 4 7
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving nidentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	neasurable goals ng requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
いってき	
B. Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
N/A	
C. How many times was this observation measured or evaluated in this r	eporting period?
). Has your MS4 made progress toward this measurable goal during this	(ex.: samples/participants/events reporting period?
2. 12mb J Out 1/120 1 2mm p. 10g-1222 10 1/1222 1	○ Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP	??  O Yes No
<ol> <li>Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).</li> </ol>	
N/A	
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Name of MS4/Coalition 70コム のそ

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 20/1

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

HUNTINGTON

SPDES ID

N Y R 2 0

P297

Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to	this report?
1. Enter the number and approx. percent	t of outfalls mapped: 941# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissance)	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	eds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	O Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid / \mid 1$ . If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 7010 OF Houth	<b>फ</b> ाव्ये	N Y R 2	0 1 2 9 7
3.b. What types of illicit discharges have	been found during th	is reporting period	?
O Broken Lines From Sanitary Sewer	O Industrial Connectio	ns	
O Cross Connections	O Inflow/Infiltration		
Failing Septic Systems	O Pump Station Failure	•	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Over	flows	
O Illegal Dumping	O Straight Pipe Sewer	Discharges	
Other:  PRAINING OF S	O None    None	P D D C S	
4. How many illicit discharges/potential reporting period?	illegal connections h	ave been detected d	uring this
5. How many illicit discharges have been	confirmed during t	his reporting period	1? 92
6. How many illicit discharges/illegal corperiod?	nections have been	eliminated during th	his reporting
7. Has the storm sewershed mapping because If No, approximately what percent was o	en completed in this completed in this repo	reporting period? rting period?	○ Yes
8. Is the above information available in this information available on the well If Yes, provide URL(s):			Yes O No
· ·	here map(s) can be ac	cessed - not home pa	age.
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This report is being submitted for the reporting period ending March 9, 2 0 1 1

	SPDES ID
Name of MS4/Coalition TOWN OF HUNTHGON	N Y R 2 0 7 2 9 7
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	
- INCREASE THE QUALITY AND FREQUENCY OF TOWN EMPLOYEES.	of sup Trajung 70
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
- N/A	
•	
C. How many times was this observation measured or evaluat	ed in this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	ne SWMPP?
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheen	dule).
- EVALUATE OFFERIJG IN-HOUSE SWP TRAMINO ON A QUARTERCY 129515.	IG TO TOWN EMPLOYEES

This report is being submitted for the reporting period ending March 9, 2 0 / /

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 70 41 97 HUNTINGTON

SPDES ID

N Y R 2 0 A 2 7 7

## <u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

Th	ne information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other n mechanism that provides equivalent protection to the NYS SPDES General P	ermit for	
	Stormwater Discharges from Construction Activities?	<b>⊗</b> Yes	O No
1b	o. Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSD Analysis Workbook?	d Erosion EC Gap	and
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local O 09/2004	Jaw. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) h reviewed in this reporting period?	ave been	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of process comments related to construction SWPPPs?	oublic No	O NT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	t the loca	al O No

~	_	7 4	ement actions you used during the reporting number of actions, or note those for which you
O Notices of Violation	#		O No Authority
O Stop Work Orders	#		No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	.#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, 20//
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

				_	SPI	DES	ID.						
Name of MS4/Coalition 7	1077	ρĒ	HUNTINGTON		N	Y	R	2	0 -	A	2	9	כ

## Minimum Control Measure 4. Construction Site Stormwater Runoff Control

Th	e information in this section is being reported (check one):		
0	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one during this reporting period?	acre or	more /5
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	ır jurisc	liction ノゴ
3.	What percent of active construction sites were inspected during this reporting	period?	0 NT
4.	What percent of active construction sites were inspected more than once?	8	0 NT
5	Do all inspectors working on behalf of the MS4s contributing to this report use	the NY	S
J.		O No	ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approve	al?	
		O No	O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?	ailable i O Yes	f <b>or</b> O No
	If Yes use the following page to identify location(s) where SWPPPs can be accesse	d.	

This report is being submitted for the reporting period ending March 9, 20/1/
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition 7014 of thutingial	N Y R 2 0 A 2 9 7
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
ENGINEERING SERVICES	
Address  / D O M A I N S T R E E T	
City	Zip
HUNTINGTON	11743-
Phone	
(631)351-3204	
O Library Address	
Address	
City	Zip
Phone	
(	
O Other	
Address	
	77:
City	Zip
Phone	
O Web Page URL(s): Please provide specific address where SWPPPs can	be accessed - not home page.
URL	
URL	

Name of MS4/Coalition 70WN DF HUNTINGTON

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 1

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

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A297

7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward achieving meal identified in your Stormwater Management Program Plan (SWMPP), including a III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	s reporting period.
- ALL SUPPP'S SUBMITTED TO THE TOWN DURNG THIS PERSON WERE REVIEWED.	1
PERSION WERE REVIEWES 100 % OF ACTIVE CONSTRUCTION SITES IN THE TAIL INSPECTED AT LEAST DUCE.	JOHN MESSE
B. Briefly summarize the observations that indicated the overall effectivene Goal.	ess of this Measurable
- REVIEW OF ENGINEEMENT SERVICES RELORDS.	
C. How many times was this observation measured or evaluated in this repo	orting period?
C. How many times was this observation measured or evaluated in this repo	orting period?
	(ex.: samples/participants/e
C. How many times was this observation measured or evaluated in this repo D. Has your MS4 made progress toward this measurable goal during this re	(ex.: samples/participants/operting period?
). Has your MS4 made progress toward this measurable goal during this re	(ex.: samples/participants/e
	(ex.: samples/participants/ceporting period?  O Yes No
D. Has your MS4 made progress toward this measurable goal during this rec.  L. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	(ex.: samples/participants/operting period?  O Yes No  O Yes No
). Has your MS4 made progress toward this measurable goal during this re	(ex.: samples/participants/operting period?  O Yes No  O Yes No
D. Has your MS4 made progress toward this measurable goal during this rec.  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	(ex.: samples/participants/operting period?  O Yes No  O Yes No
D. Has your MS4 made progress toward this measurable goal during this rec.  L. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  E. Briefly summarize the stormwater activities planned to meet the goals of	(ex.: samples/participants/operting period?  O Yes No  O Yes No
D. Has your MS4 made progress toward this measurable goal during this rec.  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	(ex.: samples/participants/operting period?  O Yes No  O Yes No
D. Has your MS4 made progress toward this measurable goal during this rec.  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	(ex.: samples/participants/operting period?  O Yes No  O Yes No

Name of MS4/Coalition

**MS4 Annual Report Form** 

This report is being submitted for the reporting period ending March 9, 2 p / /

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

OF HULTILGTOL

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SPDES ID

Y R 2 0 A 2 4

		<b>4</b> 75 .		Ct. 1 Th	MT4
<u>Minimum</u>	Control Me	asure 5. Post	-Construction	on Stormwater N	<u>Management</u>
The information in t	his section is be	ing reported (che	ck one):		
On behalf of an in On behalf of a co How t	alition	tributed to this	report?		
1. How many and MS4/Coalition	what type of po inventoried, ins	ost-construction pected and main	stormwater ma	nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practi	ces				
O Filter Systems					
Infiltration Basins		400	400	1	
Open Channels					
○ Ponds					
O Wetlands					
Other					
2. Do you use an BMPs, inspect			abase, spreadsl	neet) to track post-	construction  O Yes   No
3. What types of Development/I					ıpact
Building Codes	Municipal C	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
Zoning	Local Law o	or Ordinance			
O None	Land Use R	egulation/Zoning	5		
Watershed Plans	Other Comp	rehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 / /

		SP.	DES I	D					
Na	me of MS4/Coalition 70 LL OF HUNTINGTOL	N	Y	2	0	A	5	9	7
	. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vide	plan	ning O	; effo Ye:	ort:	? O]	No
4b	. Does the MS4 have a banking and credit system for stormwater manage	eme	nt pr	actio	es?	Yes	5	<b>V</b>	/ No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater	pro · ma	tocol inage	for emen	eval it pi	uatio acti Yes	on ce?	<b>9</b> 1	/ No
4d.	How many stormwater management practices have been implemented a reporting period?	s pa	art o	this	sys	tem	in 1	this	
5.	What percent of municipal officials/MS4 staff responsible for program i training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?					itten	oebi	_	%

This report is being submitted for the reporting period ending March 9, 2 0 / /

	SPDES ID
Name of MS4/Coalition 70 かん みんいんしてつし	N Y R 2 0 A 2 7
6. Evaluating Progress Toward Measurable Goals MCM 5	,
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
- 4014	
B. Briefly summarize the observations that indicated the overagoal.	ll effectiveness of this Measurable
- × /a	
Way many times was this absorbed as a suple to	] !- 4h: !- 19
. How many times was this observation measured or evaluated	in this reporting period?
	(ex.: samples/participants/ev
Has your MS4 made progress toward this measurable goal d	uring this reporting period?  O Yes No
Is your MS4 on schedule to meet the deadline set forth in the	
John Market of Market and Control of Market	○ Yes ∾No
Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	
N/A	
•	

This report is being submitted for the reporting period ending March 9, 2 0 / /
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Tour OF HULTING	الماتة		SPDES ID N Y R 2 0	A 2 9 7
Minimum Control Measure 6. Storn	nwater Man	nagement !	for Municipal	<b>Operations</b>
The information in this section is being reported (o	check one):			
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the	nis report?			
1. Choose/list each municipal operation/face Pollutants of Concern to the MS4 system operation/facility has been addressed in a Program(SWMP) Plan and whether a se reporting period. A self-assessment is pe potentially generated by the permittee's of	the MS4's/Coaste MS4's/Coassessment erformed to: 1 operations and	peration/fact alition's Sto has been po determine d facilities;	ility indicate who rmwater Managerformed during the sources of p 2) evaluate the	ether the gement g the pollutants
effectiveness of existing programs and 3 that will be addressed by the pollution prot done already.	, ,	-	^	
that will be addressed by the pollution pr	, ,	-	keeping program <u>Self-Assess</u> <u>Operation/Activi</u>	m, if it's <u>ment</u> ity/Facility
that will be addressed by the pollution pr not done already.	revention and	good house	keeping progran <u>Self-Assess</u>	m, if it's  ment  ity/Facility  the past 3
that will be addressed by the pollution propertion of done already.  Operation/Activity/Facility	revention and  Addressed i	good house in SWMP?	keeping progran  Self-Assess Operation/Activi performed within	m, if it's  ment  ity/Facility  the past 3
that will be addressed by the pollution propertion already.  Operation/Activity/Facility  Street Maintenance	Addressed i	good house  in SWMP?	Reeping program  Self-Assess Operation/Activition performed within years?	ment ty/Facility the past 3
that will be addressed by the pollution propertion of done already.  Operation/Activity/Facility	Addressed i	in SWMP?	Self-Assess Operation/Activi performed within years?	ment  ty/Facility the past 3  O No
that will be addressed by the pollution produced not done already.  Operation/Activity/Facility  Street Maintenance	Addressed i	in SWMP?	Self-Assess Operation/Activi performed within years? Yes Yes	ment ity/Facility the past 3  O No No
that will be addressed by the pollution produced already.  Operation/Activity/Facility  Street Maintenance	Addressed i	in SWMP?  No	Self-Assess Operation/Activi performed within years? O Yes O Yes O Yes	ment  ity/Facility the past 3  O No O No O No
that will be addressed by the pollution proposed not done already.  Operation/Activity/Facility  Street Maintenance	Addressed i O Yes O Yes O Yes O Yes O Yes O Yes	in SWMP?  No  No	Self-Assess Operation/Activi performed within years?	ment  ity/Facility the past 3  O No O No O No O No
that will be addressed by the pollution produced already.  Operation/Activity/Facility  Street Maintenance	Addressed i	in SWMP?  No  No  No  No  No	Self-Assess Operation/Activi performed within	ment ity/Facility the past 3  O No O No O No O No O No O No
that will be addressed by the pollution produced already.  Operation/Activity/Facility  Street Maintenance	Addressed i O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes	in SWMP?  No  No  No  No  No  No	Self-Assess Operation/Activi performed within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	ment ty/Facility the past 3  O No O No O No O No O No O No O No O N
that will be addressed by the pollution produced already.  Operation/Activity/Facility  Street Maintenance	Addressed in the second	in SWMP?  No  No  No  No  No  No  No  No	Self-Assess Operation/Activi performed within	ment ity/Facility the past 3  No No No No No No No No No No No No No
that will be addressed by the pollution product done already.  Operation/Activity/Facility Street Maintenance	Addressed i  Addressed i  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	in SWMP?  No  No  No  No  No  No  No  No  No  No  No	Self-Assess	ment ity/Facility the past 3
that will be addressed by the pollution production already.  Operation/Activity/Facility Street Maintenance	Addressed i O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes	in SWMP?  No  No  No  No  No  No  No  No  No  No  No  No  No	Self-Assess Operation/Activi performed within	ment ity/Facility the past 3  No No No No No No No No No No No No No
that will be addressed by the pollution proton done already.  Operation/Activity/Facility  Street Maintenance	Addressed i  Addressed i  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	in SWMP?  No	Self-Assess   Operation/Activi   performed within   years?   O Yes	ment ity/Facility the past 3
that will be addressed by the pollution production already.  Operation/Activity/Facility Street Maintenance	Addressed i  Addressed i  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	in SWMP?  No	Self-Assess Operation/Activi performed within	ment ity/Facility the past 3

This report is being submitted for the reporting period ending March 9, 2011

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID			
Name of MS4/Coalition 70-W OF HUNTINGTON	N Y R 2	0 1	2 9	7
2. Provide the following information about municipal operations go	od housekeep	oing pr	ogra	ms:
Parking Lots Swept (Number of acres X Number of times swept)	# Acres			2 5
Streets Swept (Number of miles X Number of times swept)	# Miles		q	4
Catch Basins Inspected and Cleaned Where Necessary	#		2	2
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres [			
3. How many stormwater management trainings have been provided during this reporting period?	l to municipa	al emp	loyee	es O
4. What was the date of the last training?		/		
5. How many municipal employees have been trained in this reporting	ng period?			0
6. What percent of municipal employees in relevant positions and destormwater management training?	epartments r	eceive	0	%

This report is being submitted for the reporting period ending March 9, 2011

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID N Y R 2	0 <b>A</b>	297
9. Has your MS4/Coalition developed and implemented a program of r	native plan Ýes	ting? ○ No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste or prohibiting goose feeding?	n munioipa ⊗ Yes	l prope O No	rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	⊙/No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	Yes	O No	O N/A